

# APPLICATION FOR EXAMINATION

**DEPARTMENT OF CITY CIVIL SERVICE**  
CITY HALL 1300 PERDIDO STREET-NEW ORLEANS 70112  
APPLICATION OFFICE 7W03 – MAIN OFFICE – ROOM 7W03  
**PLEASE PRINT**

I am applying for the position of (list below):  
**EMERGENCY MANAGEMENT SERVICES**  
**COORDINATOR** **8038/8115**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle/Maiden \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Address: Number & Street \_\_\_\_\_ Apartment \_\_\_\_\_ Home Phone/Business Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Birthdate \_\_\_\_\_

Your Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

**e-mail address:** \_\_\_\_\_ Yes No  
Are you currently employed by the City of New Orleans? ☐ ☐

If yes, what is your official class (job) title (list below):  
\_\_\_\_\_

Have you ever applied under another name (maiden, etc.)? ☐ ☐

If yes, please write name here \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

Applicants should attach a Personal History, Record (CS-1), or, if they have filed an application previously, and have gained additional experience and/or education, they should attach a Supplementary Personal History (CS-2) and any other documents required for this exam.

Application: Accepted ☐  
Rejected ☐ Reason: \_\_\_\_\_

## VETERAN'S PREFERENCE

Certain veterans and wives, widows, and mothers of veterans are entitled to preference on examinations. See the reverse side of the Examination Announcement and the Veteran Preference Claim form for details.

Voter's Reg. \_\_\_\_\_  
Vet. Status: 5pt. ☐ 10pt. ☐ ineligible ☐  
Type of Reg. \_\_\_\_\_

	RAW SCORE	% EQUIV.	WEIGHT	WTD. SCORE
Written Test				
Oral Test				
Rating of Train/Exp.				
Performance Test				
Agility Test				
Vets Credit				
TOTAL				
RANK				

"The City of New Orleans is an equal opportunity employer and does not discriminate on the basis of race, color, religion, national origin, gender, age, physical or mental disability, sexual orientation, creed, culture, or ancestry. Requests for alternate format or accommodations should be directed to Doddie Smith, (504) 658-3516 or TTY/Voice (504) 586-4475."

## CIVIL SERVICE USE ONLY

Bachelor's Degree: \_\_\_\_\_

School: \_\_\_\_\_

Date: \_\_\_\_\_

Checklist: \_\_\_\_\_

Sign: \_\_\_\_\_

Critical Score =